# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/	MS / MRS / (IR) FIRST	MI	OFFIGE HOF ONLY		
OFFICEHOLDER			OFFICE USE ONLY		
NAME	manuel	$\mathcal{J}$ .	Date Received		
	NICKNAME LAST	SUFFIX			
		· · · · · · · · · · · · · · · · · · ·	201		
	Manny HINDTOSC	<del>.</del>			
4 CANDIDATE/	Many HINSTOSC ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	Date Hand-delivered or Postmarked E		
OFFICEHOLDER	7-21-1 1 1 1	<i>h</i> • •			
MAILING ADDRESS	7344 LAKehunst	Hol.	Date Hand-delivered or Postmarked T		
	A	00.0	Receipt # Amount 0		
change of address	EL PASO, TX )	4472			
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	Date Breezesed IV I'I		
OFFICEHOLDER PHONE	(915) 7993306	• •	F 4		
6 CAMPAIGN	MS/MRS/MR FIRST	Mi ·	Date Imaged		
TREASURER					
NAME	NICKNAME LAST				
•	NICKNAME LAST	SUFFIX			
	NICKNAME LAST CAMAN	`			
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE		
TREASURER	605 Robins		· .		
ADDRESS (residence or business)	1 Robert	20 h	·		
,	ELPASA T	> 79902	<u> </u>		
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION			
TREASURER	(915) 372-4631				
PHONE	(911) 373-4631				
9 REPORTTYPE	January 15 30th day before election	Runoff	15th day after campaign treasurer appointment (officeholder only)		
		Function (CEON Start)			
	July 15 8th day before election	Exceeded \$500 limit	Final report (Attach C/OH - FR)		
10 PERIOD	Month Day Year	Month Day	Year		
COVERED 5/06/15/TI					
	2 / 0,0 / (1	7/14/	2011		
11 ELECTION	ELECTION DATE ELECTION TYPE				
	Month Day Year				
	5 /14 / 11 Primary	Runoff	General Special		
12 OFFICE	OFFICE HELD (If any)	13 OFFICE SOUGHT (If known	1)		
		1 1 1	2 -1-		
		eity Re	p. Dist 1		
14 NOTICE OF DIRECT	DIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITU	IRES MADE BY OTHERS WITHOUT THE	CANDIDATE'S PRIOR CONSENT OR APPROVAL.		
CAMPAIGN	CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATIO	ON ONLY IF THEY RECEIVE NOTIFICATI	ON OF THE DIRECT CAMPAIGN EXPENDITURE.		
EXPENDITURE	Name				
BY OTHER INDIVIDUALS					
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	Address / PO Box; Apt. / Suite #; City; State; Zip Coo	de			
additional pages					
	COTODA	CE 2			
	GO TO PAG	GE Z			
I .			•		

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16	ACCOUNT # (Ethics Commission Filers)			
17 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	. 0			
			CITY 2011 J			
•	GENERAL	COMMITTEE ADDRESS	E C			
	SPECIFIC		CLER UL 14			
			고조			
		COMMITTEE CAMPAIGN TREASURER NAME	DEP DEP			
additional pages			<del>- 5 - 1</del>			
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
· · · · · · · · · · · · · · · · · · ·			•			
18 CONTRIBUTION TOTALS	1. TOTAL I	POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$			
	2. TOTAL (OTHER	POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 500 =			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED \$					
	4. TOTAL POLITICAL EXPENDITURES \$ 300 °					
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DA' ORTING PERIOD	\$ 200°			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD					
19 AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.  JACQUELINE S. LEYVA NOTARY PUBLIC In end for the State of Texas My commission expires 12-10-2011  Signature of Candidate or Officeholder						
Sworn to and sub	oscribed before  of Tuly  Of July	a Talqueline S. Leyva	hand and seal of office.  Title officer administering oath			
Signature of officer adm	ninistering oath	Printed namle of officer administering ∮ath ·	nue oyonicer administering oath			

## POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

#### SCHEDULE A

•					
=	The	instruction Guide explains how to complete this	1 Total pages Schedule A:		
2	FILER NAME		3 ACCOUNT # (E	thics Commission Filers)	
-		anuel Hinoposa			
1	Date	5 Full name of contributorout-of-state PAC (ID#:	)	7 Amount of	8 In-kind contribution
7	Date			contribution (\$)	description (if applicable)
		BILL HAGAN			
	5/11/11	6 Contributor address; City; State; Zip Code		200	· ·
	> / " ( "	741 crests mies	DR.		
		6 Contributor address; City; State; Zip Code  7 11 CVESTG Mixt  Ex flux (Tp. ) State; Zip Code	312	(If travel outside	of Texas, complete Schedule T)
9	Principal occup	ation / Job title (See Instructions)	10 Employer (See I	nstructions)	
	Date	Full name of contributor  uut-of-state PAC (ID#:_	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
				CONTRIBUTION (\$)	description (ii applicable)
		Contributor address; City; State; Zip Code			
					of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
		Full name of contributor	,1	Amount of	In-kind contribution
	Date	Full hame of contributor	,	contribution (\$)	description (if applicable)
					1 1
		Contributor address; City; State; Zip Code			] 
				(If travel outside	of Texas, complete Schedule T)
	Principal occup	ation / Job title (See Instructions)	Employer (See I		
	Date	Full name of contributor	)	Amount of contribution (\$)	In-kind contribution description (if applicable)
		•		COMMIDGION (4)	description (ii applicable)
	•	Contributor address; City; State; Zip Code			
<u> </u>	<u> </u>	estion / Joh tible (Con Instructions)	Employer (See I		of Texas, complete Schedule T)
	Principal occup	eation / Job title (See Instructions)	Embloker (see I	manuchons)	
<u> </u>		Full page of contributor		Amount of	In-kind contribution
	Date	Full name of contributor out-of-state PAC (ID#:		contribution (\$)	description (if applicable)
	•	Contributor address; City; State; Zip Code			20 C
		. ·		(If travel outside	of Texas, complete Schedule T)
	Principal occup	pation / Job title (See Instructions)	Employer (See	<del> </del>	()
<u> </u>					of Texas, complete Schedule 1)
					2 7
		ATTACH ADDITIONAL COPIES O			17 DE
	If o	contributor is out-of-state PAC, please see inst	ruction guide forad	ditional reporting	requirements.
					5 .7

(512) 463-5800

#### SCHEDULE B PLEDGED CONTRIBUTIONS 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission Filers) 2 FILER NAME TOTAL OF UNITEMIZED PLEDGES: \$ Amount of In-kind description 8 5 Date Full name of pledgor out-of-state PAC (ID#:\_ pledge (\$) (if applicable) City; State; Zip Code 7 Pledgor address; (If travel outside of Texas, complete Schedule T) 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) In-kind description Full name of pledgor Amount of ut-of-state PAC (ID#:\_ Date pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind description Date Full name of pledgor ut-of-state PAC (ID#: pledge (\$) (if applicable) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule X) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind description Full name of pledgor ut-of-state PAC (ID#:\_ (if applicable) pledge (\$) Pledgor address; City; State; Zip Code (If travel outside of Texas, complete Schedule, ₹) Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of In-kind description Date Full name of pledgor ut-of-state PAC (ID#; (if applicable) pledge (\$) City; State; Zip Code Pledgor address; (If travel outside of Texas, complete Schedule T) Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

(512) 463-5800

P.O. Box 12070

LOANS			schedule <b>E</b>
The	Instruction Guide explains how to com	plete this form.	1 Total pages Schedule E:
2 FILER NAME			3 ACCOUNT # (Ethics Commission Filers)
<b>4</b> TOTA	L OF UNITEMIZED LOANS:		\$
5 Date of loan	7 Name of lender	out-of-state PAC (ID#:	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City; State;	Zip Code	10 Interest rate
Y N	·		11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral		
15 GUARANTOR INFORMATION	16 Name of guarantor		18 Amount Guaranteed (\$)
not applicable	17 Guarantor address; City;	State; Zip Code	
19 Principal Occupati	on (See Instructions)	20 Employer (See Instructions)	
Date of loan	Name of lender	out-of-state PAC (ID#:	Loan Amount (\$)
Is lender a financial Institution?	Lender address; City; State;	Zip Code	Interest rate
Y N			Maturity date <
Principal occupati	on / Job title (See Instructions)	Employer (See Instructions)	14 P
Description of Colla	ateral		DEP H12:1
GUARANTOR INFORMATION	Name of guarantor		Amount Gu <b>र्</b> ग्वास्ट्रेव (\$)
not applicable	Guarantor address; City;	State; Zip Code	• • • •
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
If len	ATTACH ADDITIONAL COF der is out-of-state PAC, please see ins	PIES OF THIS SCHEDULE AS NEE struction guide for additional rep	

#### Austin, Texas 78711-2070

### **POLITICAL EXPENDITURES**

#### SCHEDULE F

	EXPENDITURE CATEGORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Legal Services Food/Beverage Expense Printing Expense The Instruction Guide Salaries/Wages/Co Solicitation/Fundra Travel In District Travel Out Of Dist Office Overhead/R	ontract Labor hising Expense trict Rental Expense	Contributions/Donat Candidate/Office OTHER (enter a ca	pment & Related Expense
1 Total pages Schedule F:	2 FILER NAME	•	<del></del>	# (Ethics Commission Filers)
1 Total pages deliced		نهاده		
4 Date	5 Payee name  5 Am's wareh 7 Payee address; City; State; Zip Code		-	
	Sams wareh	. OU SF		
6 Amount (\$)	7 Payee address; City; State; Zip Code			
300 "=	7170 71 70454	5666		
	(a) Category (See categories listed at the top of this schedule)	75512	If travel outside of Texas	complete Schedule T\
8 PURPOSE OF	Event Expense, for all Beauties			_
EXPENDITURE	TRAVEL	A 3 Ser	From J	Office held
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit O/O/	manny Hanjosa	CITY KE	ep Dist	1 CUPANO
Date	Payee name			·
Amount (\$)	Payee address; City; State; Zip Code			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (	If travel outside of Texas	s, complete Schedule T)
OF EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OF	1			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
			•	
				į
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T)
OF EXPENDITURE				
Complete ONLY if direct	Candidate / Officeholder name	Office sought	t	Office held
expenditure to benefit C/O	1			= =
Date	Payee name			
				. I
Amount (\$)	Payee address; City; State; Zip Code			ER ER
				⊋ ×
		*		DE 12:
PURPOSE	Category (See categories listed at the top of this schedule)	Description	(If travel outside of Texa	s, complete Schedule T) U
OF EXPENDITURE				<b>6</b> 7
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sough	ut .	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

#### **POLITICAL EXPENDITURES** MADE FROM PERSONAL FUNDS

#### SCHEDULE G

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense Advertising Expense Legal Services Accounting/Banking Consulting Expense
Event Expense

Food/Beverage Expense Polling Expense

Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Travel In District

Austin, Texas 78711-2070

Travel Out Of District

Loan Repayment/Reimbursement Transportation Equipment & Related Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee

Fees	Printing Expense Office Overhead/Rental Expense OTHER (enter a category not listed above)			
	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule G:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)		
	hanne minoto	Sc		
4 Date	5 Payee name	·		
4/15 to 5/15/11				
6 Amount (\$)	7 Payee address; City; State; Zip Code			
Reimbursement from	2950 Mesa			
political contributions intended	EDMO, TX	<b>ገ</b> ያያርኔ		
8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of Texas, complete Schedule T)		
OF EXPENDITURE	TRAVEC	GAS fee Bus + Cape		
Date	Payee name			
	· .			
Amount (\$)	Payee address; City; State; Zip Code			
7 unount (4)	Tayor address, Only, State, Experience			
Reimbursement from				
political contributions intended	-			
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule-T)		
OF EXPENDITURE				
Date	Payee name	C C C C C C C C C C C C C C C C C C C		
		_ 꼰		
Amount (\$)	Payee address; City; State; Zip Code	and the state of t		
Reimbursement from political contributions		5		
intended	Cotogony (Consideration listed at the top of this school (In)	Description (if travel outside of Texas, complete Schedule T)		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (Intraverouslated February, complete contests Fy		
EXPENDITURE	.*			
	Deventor			
Date	Payee name			
Amount (\$)	Payee address; City; State; Zip Code			
Reimbursement from				
political contributions intended				
PURPOSE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)		
OF		·		
EXPENDITURE				
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED		

Texas Ethics Commission

# PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

	EXPENDITURE CA	ATEGORIES FOR BOX 8(a	a)	
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	Gift/Awards/Memorials Expense Sa Legal Services So Food/Beverage Expense Tra Polling Expense Tra	alaries/Wages/Contract Labor olicitation/Fundraising Expense avel In District avel Out Of District fice Overhead/Rental Expense	Loan Repayment/Reimbursement Transportation Equipment & Related Expens Contributions/Donations Made By Candidate/Officeholder/Political Commit OTHER (enter a category not listed above)	ttee
1 555	- · · · · · · · · · · · · · · · · · · ·	plains how to complete this f	form.	
1 Total pages Schedule H:	2 FILER NAME		3 ACCOUNT # (Ethics Commission F	ilers)
4 Date	5 Business name			
6 Amount (\$)	7 Business address; City; State;	Zip Code		
				,
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of the	his schedule) (b) Description	n (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office soug	ght Office held	
Date	Business name			
Amount (\$)	Business address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of th	ols schedule) Description	n (If travel outside of Texas, complete Schedule T)	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office soug	ght Office held	
Date	Business name		2011	CIT
Amount (\$)	Business address; City; State;	Zip Code	Ę	( )
•			7	דו ט
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	his schedule) Description	IT (If travel obtaine of Texas, complete schedule 1)	, DE
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office soug	ght Office heid CF:	<b>4</b> .
Date	Business name			-
Amount (\$)	Business address; City; State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of the	his schedule) Descriptio	on (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sou	ght Office held	
	ATTACH ADDITIONAL COP	PIES OF THIS SCHEDULE A	S NEEDED	

#### Austin, Texas 78711-2070

#### **NON-POLITICAL EXPENDITURES** MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

(TDD 1-800-735-2989)

Advertising Expense Accounting/Banking Consulting Expense Event Expense

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Gift/Awards/Memorials Expense

Legal Services

Food/Beverage Expense

Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense

Travel In District

Travel Out Of District Office Overhead/Rental Expense Loan Repayment/Reimbursement

Transportation Equipment & Related Expense

Contributions/Donations Made By Candidate/Officeholder/Political Committee

OTHER (enter a category not listed above)

1 663	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule I:	2 FILER NAME	3 ACCOUNT # (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule)	(b) Description (See Instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information reduited.)
Date	Payee name	IL PA
Amount (\$)	Payee address; City; State; Zip Code	NORP T
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (See instructions regarding type of information required.)
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

CREDI	TS (optional)	•	SCHEDULE <b>K</b>
The	e Instruction Guide explains how to complete this form.	1 Total pages Schedule i	<:
2 FILER NAME	<u> </u>	3 ACCOUNT # (Ethics C	commission Filers)
4 Date	5 Payor name	8	Amount (\$)
	6 Payor address; City; State; Zip Code		
	7 Reason for credit		
Date	Payor name		Amount (\$)
	Payor address; City; State; Zip Code		
	Reason for credit		
Date	Payor name		Amount (\$)
	Payor address: City; State; Zip Code		
	Reason for credit		·
Date	Payor name Payor address; City; State; Zip Code		Amount (\$)
	Reason for credit		CITY C
Date	Payor name		A us a Tribut From
	Payor address; City; State; Zip Code		PHI2: 45
	Reason for credit		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED	

Texas Ethics Commission

IN-KIND CO				EXPEN	DITURE	SCHEDULE T
The Instr	uction Guide	e explains how to	complete this for	m.	1 Total pages Sched	ule T:
2 FILER NAME					3 ACCOUNT # (Ethic	s Commission Filers)
4 Name of Contributor	/ Corporation	or Labor Organizat	ion / Pledgor / Payes	÷	-	
Sol	hedule A	Schedule B Schedule N	Schedule C	Schedule	e D Schedule	F Schedule G
6 Dates of travel	8 Departu	re city or name of d	eparture location			
10 Means of transportat			destination location	of conference, se	eminar, or other event)	
Name of Contributor /	Corporation o	l r Labor Organizatio	n / Pledgor / Payee			
	ture reported of hedule A hedule H	on: Schedule B Schedule N	Schedule C	Schedule	D Schedule	F Schedule G
Dates of travel	Name of p	erson(s) traveling				
·	Departure	city or name of dep	arture location			21T \
•	Destination	n city or name of de	stination location		-	E C
Means of transportation	n .	Purpose of trave	(including name of	conference, sem	ninar, or other event)	N Z
Name of Contributor /	Corporation o	r Labor Organizatio	n / Pledgor / Payee			is m
	ture reported hedule A hedule H	on: Schedule B Schedule N	Schedule C	Schedule	D Schedule	F Schedule G
Dates of travel Name of person(s) traveling						
Departure city or name of departure location  Destination city or name of destination location						
Means of transportatio	n	Purpose of trave	l (including name of	conference, sen	ninar, or other event)	
	А	TTACH ADDITION	NAL COPIES OF T	HIS SCHEDUL	E AS NEEDED	

Texas Ethics Commission

## CANDIDATE / OFFICEHOLDER REPORT:

FORM C/OH - FR

(512) 463-5800

	SIGNATION OF FINAL REPORT	
	The Instruction Guide explains how to c •• Complete only if "Report Type" on page 1 is	omplete this form. marked "Final Report" ••
1 C/OH	NAME	2 ACCOUNT # (Ethics Commission Filers)
	manuel Il Himogesa	
3 SIGN	ATURE	
report a	expect any further political contributions or political expenditures in connects a final report terminates my campaign treasurer appointment. I also under any campaign expenditures without a campaign treasurer appointment on	erstand that I may not accept any campaign contributions
		hay the
		Signature of Candidate / Officeholder
	R WHO IS NOT AN OFFICEHOLDER plete A & B below <i>only</i> if you are not an officeholder. ••	JE 2
A.	CAMPAIGN FUNDS	e earned from political contributions.
Chec	k only one:	
my.	I do not have unexpended contributions or unexpended interest or income	e earned from political contributions.
ok 🗹	I have unexpended contributions or unexpended interest or income earner not convert unexpended political contributions or unexpended interest or use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on political conreport. Further, I understand that I must dispose of unexpended political earned on political contributions in accordance with the requirements of E	income earned on political contributions to personal contributions and that I may not retain unexpended tributions longer than six years after filing this final all contributions and unexpended interest or income
в.	ASSETS	
Chec	ck only one:	
Í	I do not retain assets purchased with political contributions or interest or	other income from political contributions.
	I do retain assets purchased with political contributions or interest or other I may not convert assets purchased with political contributions or interest o use. I also understand that I must dispose of assets purchased with politic of Election Code, § 254.204.	r other income from political contributions to personal
		and hy
		Signature of Candidate
	CEHOLDER uplete this section only if you are an officeholder ••	
	I am aware that I remain subject to filing requirements applicable to an office I am also aware that I will be required to file reports of unexpended conficeholder, I retain political contributions, interest or other income from pocontributions or interest or other income from political contributions.	tributions if, after filing the last required report as an
		Signature of Officeholder